## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

18 597573

CLAIMS

IND. DEP. IND.  1 2 3 4 5 6 6 7 8 8 9 10 11 11 12 13 14 15 16 17 18 19 20 21 12 21 22 23 24 25 26 27 28 29 30 30 31 32 33 34 35 36 37 38 39 40 41 41 42 43 44 45 46 47 48 49 50  VOTAL GLADM  VOTAL GLAD	+	TOTAL BEP.	<b>→</b>	Ψ +	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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IND DEP IND   1	1	96			
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IND. DEP. IND.  1	<del>-  </del>	90	-		
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IND, DEP. IND.  1		60			
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IND, DEP. IND.  1		56		-	
IND, DEP. IND.  1		55			
IND, DEP. IND.  1	- <b>[</b> -	54			
IND. DEP. IND.		53			
DND. DEP. DND.		51			
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TH ANCE	DEP. IND. DEP.		IND. DE		
AS FILED AF	TER AFTER		AS FILE	D AFTER	
1	<del></del>	CLAIMS	·····	<del></del>	<del></del>

PTO-1344 (REV. 1411)

U.S. DEPARTMENT of COMMERCE. Paleot and Trademark Office